Russell Fraser Sales Pty Ltd
Unit 7/38 Waratah St
Kirrawee NSW 2232
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# INSTRUMENT FOR REPAIR/CALIBRATION

| | |
|---|---|
| Business Name: | Date: / / |
| Address: | |
| Contact Name: | Telephone: |
| Purchase Order No. | Email: |
| Instrument: | Serial Number / Numbers: |
| Repair/Calibration Required: (If repair required, fully describe fault) | |
| | |
| | |
| | |
| | |
| Is This Repair Under Warranty? Yes No | |
| Date Purchased If Known: | |
| Do You Require A Quote Before Any Work? Yes No | |
| **FOR RFS OFFICE USE ONLY:** | Date Instrument Received: |
| Repair Technician: | Sales Order No. |
| Repair Comments: | |
| Customer Notified/Quoted: Yes No | Quote No. |